U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

LAS OF			
1. File Number <b>U</b> - 6 986	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name Randi S Farber	Name UNITE HERE		
	Labor Organization File Number 000-511		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 275 Seventh Avenue - 10th Floor	Street 275 Seventh Avenue - 10th Floor		
City New York	City New York		
State New York ZIP Code + 4 10001-6708	State New York ZIP Code + 4 10001-6708		
5. Position in labor organization.  Chief Financial Officer			
A. Held an interest in, engaged in transactions (including loans) with, or a monetary value from an employer whose employees your organization.  6. Name and address of Employer (including trade name, if any).  Name	7.a. Nature of Interest, Transaction, or Income.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	7.b. Amount.		
Street			
City	\$0		
State ZIP Code + 4	at yas ito o reaversi jida, Jacko ti itanira		
en, en la mandra de la mandra de la polació despecta de la seguida de la seguida de la seguida de la composición del composición de la composición del composición de la compo			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed R - Horalis Harmon Harman	On 08/08/2005 212-265-7000 x 4722		
0 100 2 1 1 1 1	Date Telephone Number		

OW HOSE S.

Name of Person Filing Randi Farber		File Number U-
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the businessively seeking to represent, or directly to, or otherwise	s
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Amalgamated Bank	yzyaneen	
Trade Name, if any:	a. Labor Organiza	tion
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 15 Union Square	C. Limployer	
City New York		
State		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali	ng.
Name	Amalgamated Bank is UNITE HERE's principal holding. The Amalgamated Bank provides a full range of	
Trade Name, if any:	banking services to	
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar valu	e of such dealing.
City	12.a. Nature of interest held	Formore and the contract of th
State ZIP Code + 4	and Board meetings 6/25/04, 10/26/04,	agamated Bank Executive Committee where meals were provided: and 12/21/04. Attendance at oard of Directors banquet on
	12.b. Amount,	\$493
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	\$0

Name of Person Filing Randi Farber	File Number U-

## Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Schulte Roth & Zabel LLP	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	Restroyage Co.
Street 919 Third Avenue	c. Employer
City New York	
State New York ZIP Code + 4 10022-3921	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, if any:	Law firm that provides legal services to UNITE HERE.
Trade Name, II any.	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	Lunch meeting with the union's general counsel and two attorneys from Schulte Roth & Zabel LLP on 9/23/04 to discuss several union legal issues.
	12.b. Amount. \$3.0